

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address: POSITIVE HEALTH MANAGEMENT 2301 FOREST LANE #312 GARLAND, TX 75042	MFDR Tracking #: M4-09-7532-01 Previous Tracking #: M4-07-4709-01
Respondent Name and Box #: HARRIS COUNTY HOSPITAL DISTRICT Rep Box # 21	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "Pre-auth #217507."

Principal Documentation:

1. DWC 60 package
2. Total amount sought - \$13,000.00
3. CMS 1500
4. EOB's

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Harris & Harris represents Harris County Hospital District in this matter."

Principal Documentation:

1. DWC 60 package

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
9/14/06 to 10/9/06	97799-CP-CA	269, 160, 277, 18	1-3	\$0.00
Total /Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason codes:
 - “269-Charge unrelated to compensable injury;
 - 160-No code descriptor; and
 - 277, 18 – These services charges have been previously reviewed and allowance recommended on another analysis. Returned as a duplicate bill.”
2. The Requestor no longer operates an active practice at the above address. The Division was unable to locate current and active contact information for the Requestor via telephone attempts, web searches, and other searches by tax identification number and practice name including a search of this Facility name/Tax I.D. number under the Texas Comptroller’s website. In addition, the health care provider has not provided a current, correct address or contact information in accordance with 28 TX. Admin. Code section 102.4 (d) and/or 102.5.
3. The Division concludes that good cause exists to dismiss this request pursuant to Rule 133.307 (e)(3) at 28 Texas Administrative Code, 27 Texas Register. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
Rule 102.4, 102.5, 134.202, and 133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 additional reimbursement.

DECISION:

Authorized Signature

Manager of Medical Fee Dispute Resolution

8/14/09
Date

Authorized Signature

Medical Fee Dispute Resolution Officer

8/14/09
Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.